

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Beverly Hills Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 580 S San Vicente Blvd. Los Angeles, CA 90048	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure blood glucose (sugar) monitoring (process of measuring your blood sugar levels) three times a day and Levemir insulin (medication to use to manage high blood sugar in people diabetes) was transcribed accurately upon admission for one of nine sampled residents (Resident 1). These deficient practices had the potential to delay knowledge of or lead to hypoglycemic (low blood sugar level) or hyperglycemic (elevated blood sugar level) episodes and resulted in Resident 1 not having her blood sugar checked throughout the day as indicated in the interfacility transfer form from the General Acute Care Hospital (GACH), as well as, not receiving long-acting insulin for five (5) days at the facility. During a review of Resident 1's admission Record , dated 8/29/25, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including type two diabetes mellitus (T2DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), history of falling, lung transplant, joint replacement surgery and retention of urine. During a review of Resident 1's History and Physical (H&P), dated 7/30/25, indicated, the resident has the capacity to understand and make decisions and had a history of T2DM with sliding scale (amount of insulin to be administered changes or slides up or down based on the person's blood sugar level) insulin. The same H&P further indicated Discharge Medication List including: Levemir FlexTouch 100 units/milliliter (3ml) insulin pen inject 2-3 units subcutaneously (under the skin) at bedtime as needed (for blood sugar greater than 250), OneTouch Ultra Test (blood glucose test strip, a small strip used with a glucometer, device used to test blood sugar level, to test blood glucose level) one (1) strip by diagnostic route three (3) times a daily and lancets (used to prick the finger to get the drop of blood for use with the blood sugar test strip) 33 gauge (the size of the needle). During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 7/31/25, indicated the resident required supervision or touching assistant with eating, and needed substantial assistance to being dependent on staff for toileting, bathing, dressing and personal hygiene, bed mobility and transfers. The same MDS indicated the resident had moderate cognitive (thinking, reasoning, learning, judgement) impairment. During an interview and a concurrent record review with the Director of Nursing (DON), on 8/27/25 at 4:56 pm Resident 1's Inter-facility Transfer Report was reviewed. The report indicated orders for Levemir FlexTouch 100 units/milliliter (3ml) insulin pen inject 2-3 units subcutaneously (under the skin) at bedtime as needed (for blood sugar greater than 250), OneTouch Ultra Test (blood glucose test strip, a small strip used with a glucometer, device used to test blood sugar level, to test blood glucose level) one (1) strip by diagnostic route three (3) times a daily and lancets (used to prick the finger to get the drop of blood for use with the blood sugar test strip) 33 gauge (the size of the needle). The DON stated when a resident is admitted to the facility they come with orders from the hospital that are reviewed by the admitting nurse and entered in the computer, acknowledging the orders for checking blood sugar three times a day and insulin at night was missed then orders for blood sugar checks and insulin at night were later entered on 8/5/25. During a review of the facility's policy and procedures (P&P) admission to the Facility, reviewed January 2025, the P&P indicated Physician's admission Orders prior to or at the time of admission the resident's Attending Physician must provide the facility with information needed for the immediate care of the resident, including orders. Medication orders, including (as necessary) a medical condition or problem associated with each medication. routine care order to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive ass</p>		